

Notice of Action

If you have questions or want more information about this notice, please contact your worker.

Case Name:
Case Number:
Worker:
Phone:
Date:

- ☐ Your monthly aid payment received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be decreased from \$_____ to \$_____ on the effective date shown below. Your aid payment is based on the number of persons in your household, and the following persons will be discontinued from cash aid and cash-based Medi-Cal effective _____
- Persons: _____

		Net Nonexempt Income Computation		Name	Name	Name
		Total Earned Income				
		Inc. Tax. Soc. Sec. and Disab. Ins. -				
		Standard Work Expense Disregard -				
		Dependent Care Expense Disregard -				
		Subtotal =				
		Other Countable Income +				
		Court Order Child Spousal Support Paid -				
		• Net Nonexempt Income =				
		or				
		• Net Nonexempt Income Total (columns 1 + 2 + 3) _____				

Computation Of Monthly Aid Payment

Maximum Aid Payment for _____ Persons _____
Special Needs (Specify) _____ + _____
_____ + _____
Net Nonexempt Income - _____ 4
Total Grant = _____
Overpayment Adjustment (see page _____) - _____
Monthly Aid Payment = _____

- ☐ Your monthly aid payment and cash-based Medi-Cal received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be discontinued effective _____.
- ☐ You will receive a separate Notice of Medi-Cal-Only eligibility.
- ☐ Other Medi-Cal Action: _____

Reason:

These changes are required by Federal regulations which limit refugee/entrant aid payments and cash-based Medi-Cal eligibility to 8 months from the person's month and year of entry into the United States. It has been determined from a review of immigration documents that you or the persons named above will have exceeded this period of eligibility on the effective date shown above.

Laws requiring this action:

Section 412 of the Refugee Act of 1980 (Public Law 96-212) or Section 501 of the Refugee Education Assistance Act of 1980 (Public Law 96-422), as implemented by 45 CFR parts 400 and 401; 45 CFR 205.10; California Administrative Code Title 22, Sections 50183(a)(3) and 50227.

Comments:

You or the persons discontinued may be eligible for further cash aid through other aid programs. Please contact your County Welfare Department for more information. Refugees/Entrants receiving aid payments under the AFDC Program are not affected by this notice or the 8-month eligibility limit.

State welfare regulations are available for review at the local office of the County Welfare Department.

Information about family planning services is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.